

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM **460**

Page 1 of 62

For Official Use Only

Statement covers period

from 01/01/2009

through 06/30/2009

Date of election if applicable:
(Month, Day, Year)

06/05/2012

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall
(Also Complete Part 5.)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6.)
☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1295870

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
TEMECULA	CA	92591	(916)/47-3-4298

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SACRAMENTO	CA	95833	

OPTIONAL: FAX/E-MAIL ADDRESS

bauer@johnsonclark.com

Treasurer(s)

NAME OF TREASURER
DAVID BAUER

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SACRAMENTO	CA	95833	916/473-4298

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/26/2009 By DAVID BAUER
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/26/2009 By DENNIS HOLLINGSWORTH
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 62

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

DENNIS HOLLINGSWORTH

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

State Assembly Person

Assembly District

66

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

SACRAMENTO CA 98514

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

DENNIS HOLLINGSWORTH OFFICEHOLDER ACCOUNT
SENATE 2006

I.D. NUMBER

1295868

NAME OF TREASURER

DAVID BAUER

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
TEMECULA

STATE
CA

ZIP CODE
92591

AREA CODE/PHONE
916/473-4298

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2009 through 06/30/2009	CALIFORNIA FORM 460 Page 3 of 62 I.D. NUMBER 1295870
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$103,055.73	\$103,055.73
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$103,055.73	\$103,055.73
4. Nonmonetary Contributions	Schedule C, Line 3	\$175.00	\$175.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$103,230.73	\$103,230.73

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$67,519.29	\$67,519.29
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$67,519.29	\$67,519.29
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$1,846.96	\$1,846.96
10. Nonmonetary Adjustment	Schedule C, Line 3	\$175.00	\$175.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$69,541.25	\$69,541.25

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
11/6/2012	\$1,300.00
6/5/2012	\$164,640.91

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$12,148.37
13. Cash Receipts	Column A, Line 3 above	\$103,055.73
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$4,500.00
15. Cash Payments	Column A, Line 8 above	\$67,519.29
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$52,184.81

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$1,846.96

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from 01/01/2009 through 06/30/2009		CALIFORNIA FORM 460 Page 4 of 62
I.D. Number 1295870		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/30/2009	CALIF. POULTRY FEDERATION POULTRY PAC MODESTO, CA 95350	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
2/9/2009	CALIF. BUILDING INDUSTRY ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 890483	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2012P: \$3,500.00
2/9/2009	WESTERN UNITED DAIRYMEN PAC MODESTO, CA 95354 Committee ID: 771500	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$3,000.00
2/12/2009	DAIRY INSTITUTE LEGISLATIVE COMMITTEE SACRAMENTO, CA 95814 Committee ID: 741436	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
2/19/2009	CALIF. FORESTRY ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 761244	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2012P: \$2,000.00

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$100,655.00

2. Amount received this period - unitemized contributions of less than \$100

\$2,400.73

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$103,055.73

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>62</u> I.D. Number 1295870

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/24/2009	CALIF. CABLE TELECOMMUNICATIONS ASSOC. PAC OAKLAND, CA 94612 Committee ID: 745932	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$3,500.00
2/24/2009	WESTERN GROWERS PAC - CALIFORNIA IRVINE, CA 92656 Committee ID: 743897	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
2/25/2009	AGUA CALIENTE BAND OF CAHUILLA INDIANS PALM SPRINGS, CA 92282	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$2,000.00	2012P: \$3,900.00 2012G: \$1,700.00
2/25/2009	AGUA CALIENTE BAND OF CAHUILLA INDIANS PALM SPRINGS, CA 92282	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$700.00	\$2,000.00	2012P: \$3,900.00 2012G: \$1,700.00
2/25/2009	VISA U.S.A. INC. SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$3,000.00
SUBTOTAL						

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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 6 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. Number
1295870

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/27/2009	ASSOC. OF CALIF. LIFE & HEALTH INSURANCE PAC SACRAMENTO, CA 95814 Committee ID: 761012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$3,000.00
2/27/2009	CALIF. CORRECTIONAL PEACE OFFICERS ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$3,600.00 2012G: \$1,400.00
3/6/2009	HEALTH NET OF CALIF., INC. RANCHO CORDOVA, CA 95670	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$2,000.00
3/6/2009	TRI-CAL INC. CORONA, CA 92882	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/10/2009	CALIF. ACADEMY OF AUDIOLOGY - PAC Oakland, CA 94602	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		CALIFORNIA FORM 460 Page <u>7</u> of <u>62</u>
I.D. Number 1295870		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/10/2009	CALIF. INDEPENDENT OIL MARKETERS PAC SACRAMENTO, CA 95834 Committee ID: 760982	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$2,450.00
3/10/2009	MANATT, PHELPS & PHILLIPS, LLP LOS ANGELES, CA 90064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,500.00	2012P: \$3,500.00
3/11/2009	RICHARD AUGUSTINE El Cajon, CA 92020	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN MIGUEL FIRE DEPARTMENT DIRECTOR	\$100.00	\$100.00	2012P: \$100.00
3/11/2009	BARONA BAND OF MISSION INDIANS Lakeside, CA 92040	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/11/2009	JEAN DOMENIGONI WINCHESTER, CA 92596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A NOT EMPLOYED	\$1,000.00	\$1,000.00	2012P: \$2,000.00
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		CALIFORNIA FORM 460 Page <u>8</u> of <u>62</u> I.D. Number 1295870

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2009	JAMUL INDIAN VILLAGE Jamul, CA 91935	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
3/11/2009	NEAR-CAL CORP. LAKE ELSINORE, CA 92530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	2012P: \$450.00
3/11/2009	O'REILLY PUBLIC RELATIONS, INC. Riverside, CA 92501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$350.00	\$350.00	2012P: \$350.00
3/11/2009	RINCON BAND OF LUISENA MISSION INDIANS OF THE RINCON RESERVATION, CALIFORNIA VALLEY CENTER, CA 92082	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$2,500.00
3/11/2009	BARBARA RYAN Santee, CA 92071	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	2012P: \$100.00
SUBTOTAL						

*Contributor Codes
 IND - Individual
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 (other than PTY or SCC)
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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		CALIFORNIA FORM 460 Page <u>9</u> of <u>62</u>
I.D. Number 1295870		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/11/2009	RICHARD TELLOW La Mesa, CA 91941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JAMUL INDIAN VILLAGE COUNCILMAN	\$105.00	\$105.00	2012P: \$105.00
3/13/2009	CALIF. AMERICAN COUNCIL OF ENGINEERING COMPANIES PAC Sacramento, CA 95814 Committee ID: 782143	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/13/2009	CALIF. FARM BUREAU FEDERATION PAC SACRAMENTO, CA 95833 Committee ID: 760960	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/13/2009	CALIF. MANUFACTURERS ASSN. PAC Sacramento, CA 95814 Committee ID: 760359	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/13/2009	CALIF. OPTOMETRIC PAC SMALL CONTRIBUTOR COMMITTEE SACRAMENTO, CA 95814 Committee ID: 745825	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$3,000.00
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		CALIFORNIA FORM 460 Page <u>10</u> of <u>62</u> I.D. Number 1295870

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/13/2009	PACIFIC WATER QUALITY ASSOC. PAC Sacramento, CA 95814 Committee ID: 790725	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2012P: \$2,000.00
3/13/2009	THE BICYCLE CASINO Bell Gardens, CA 90201 Committee ID: 1295870	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/17/2009	COOPERATIVE OF AMERICAN PHYSICIANS - MPT STATE PAC LOS ANGELES, CA 90071 Committee ID: 760951	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/18/2009	GREEN DIAMOND RESOURCE CO. SEATTLE, WA 98101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/19/2009	CALIF STATEWIDE LAW ENFORCEMENT ASSN. Sacramento, CA 95814 Committee ID: 970375	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
SUBTOTAL						

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 (other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		CALIFORNIA FORM 460
Page <u>11</u> of <u>62</u>		
I.D. Number 1295870		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/19/2009	CALIF. BUILDING INDUSTRY ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 890483	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2012P: \$3,500.00
3/19/2009	CALIF. GRAIN AND FEED ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 810430	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/24/2009	SOUTH BAY EXPRESSWAY, LP San Diego, CA 92154	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/24/2009	THE DOCTORS' CO. PAC NAPA, CA 94558 Committee ID: 923140	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/24/2009	WINE INSTITUTE SAN FRANCISCO, CA 94105 Committee ID: 743161	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		CALIFORNIA FORM 460
Page <u>12</u> of <u>62</u>		
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. Number 1295870

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/25/2009	COLLATERAL PROMOTION VALLEY SPRINGS, CA 95252 Committee ID: 743255	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$2,000.00
3/25/2009	FARMERS GROUP, INC. LOS ANGELES, CA 90010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$2,000.00
3/25/2009	OCCIDENTAL OIL AND GAS CORP. Los Angeles, CA 90024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/27/2009	ANHEUSER BUSCH SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
3/27/2009	CALIF. VETERINARY MEDICAL ASSOC. PAC SACRAMENTO, CA 95815 Committee ID: 771044	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u>		CALIFORNIA FORM 460
through <u>06/30/2009</u>		
		Page <u>13</u> of <u>62</u>
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. Number 1295870

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/1/2009	MONSANTO CO. ST. LOUIS, MO 63167	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$2,000.00
4/1/2009	SEMPRA ENERGY SAN DIEGO, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	2012P: \$3,900.00
4/2/2009	HOWARD JARVIS TAXPAYERS ASSOC. PAC IRVINE, CA 92718 Committee ID: 1238271	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$5,000.00
4/3/2009	CA HOSPITAL ASSOC. PAC Sacramento, CA 95814 Committee ID: 790773	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,500.00	2012P: \$2,500.00
4/3/2009	J.P. MORGAN CHASE & CO. PAC NEW YORK, NY 10017 Committee ID: 1257506	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2012P: \$2,000.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 14 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. Number 1295870

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/3/2009	J.P. MORGAN CHASE & CO. PAC NEW YORK, NY 10017 Committee ID: 1257506	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2012P: \$2,000.00
4/3/2009	NEW CAR DEALERS ASSOC. PAC SAN DIEGO, CA 92120 Committee ID: 902797	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
4/13/2009	CALIF. FORESTRY ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 761244	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,000.00	2012P: \$2,000.00
4/13/2009	PERSONAL INSURANCE FEDERATION OF CALIF. PAC SACRAMENTO, CA 95814 Committee ID: 910256	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$3,600.00 2012G: \$1,400.00
4/15/2009	MAERSK INC. Charlotte, NC 28273	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2012P: \$1,500.00
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		CALIFORNIA FORM 460
Page <u>15</u> of <u>62</u>		
I.D. Number 1295870		

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NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/17/2009	SAN FRANCISCO BAR PILOTS PAC SAN FRANCISCO, CA 94111 Committee ID: 743492	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
4/30/2009	COMCAST PHILADELPHIA, PA 19102	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
4/30/2009	PITNEY BOWES INC. Stamford, CT 06926	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
4/30/2009	VALERO PAC San Antonio, TX 78269	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
5/11/2009	NORTHERN CALIFORNIA WATER ASSOCIATION PAC Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2012P: \$1,500.00
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 16 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. Number
1295870

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/12/2009	AMERISOURCEBERGEN SERVICES CORPORATION CHESTERBROOK, PA 19087	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
5/12/2009	MANATT, PHELPS & PHILLIPS, LLP LOS ANGELES, CA 90064	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$2,500.00	2012P: \$3,500.00
5/15/2009	SAFEWAY INC. PLEASANTON, CA 94588	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2012P: \$1,500.00
5/19/2009	PACIFIC WATER QUALITY ASSOC. PAC Sacramento, CA 95814 Committee ID: 790725	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2012P: \$2,000.00
5/20/2009	SOUTHERN WINE & SPIRITS OF AMERICA, INC. MIRAMAR, FL 33027	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,900.00	\$3,900.00	2012P: \$3,900.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		CALIFORNIA FORM 460 Page <u>17</u> of <u>62</u> I.D. Number 1295870

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NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/22/2009	SPRINT NEXTEL San Francisco, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2012P: \$2,500.00
5/27/2009	AGUA CALIENTE BAND OF CAHUILLA INDIANS PALM SPRINGS, CA 92282	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$2,000.00	2012P: \$3,900.00 2012G: \$1,700.00
5/27/2009	CALIF. CONSTRUCTION AND INDUSTRIAL MATERIALS ASSOC. PAC South Pasadena, CA 91030 Committee ID: 1299236	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
5/27/2009	CALIF. MORTGAGE ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 990462	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2012P: \$3,500.00
6/3/2009	VERIZON COMMUNICATIONS INC. - CA SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2012P: \$1,500.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 18 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. Number
1295870

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/11/2009	ALTRIA CLIENT SERVICES INC. Richmond, VA 23230	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,900.00	\$3,900.00	2012P: \$3,900.00
6/12/2009	AT&T & ITS AFFILIATES SAN FRANCISCO, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2012P: \$3,500.00
6/12/2009	CA HOSPITAL ASSOC. PAC Sacramento, CA 95814 Committee ID: 790773	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$2,500.00	2012P: \$2,500.00
6/12/2009	SOUTHERN CALIF. CONTRACTORS ASSOC. PAC LOS ANGELES, CA 90040 Committee ID: 881014	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2012P: \$1,500.00
6/18/2009	CALIF. ASSOC. OF WINEGRAPE GROWERS STATE PAC SACRAMENTO, CA 95825 Committee ID: 801893	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$2,000.00	2012P: \$3,900.00 2012G: \$100.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 19 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. Number
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6/18/2009	CALIF. ASSOC. OF WINEGRAPE GROWERS STATE PAC SACRAMENTO, CA 95825 Committee ID: 801893	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,900.00	\$2,000.00	2012P: \$3,900.00 2012G: \$100.00
6/18/2009	CALIF. ASSOCIATION OF PEST CONTROL ADVISORS Sacramento, CA 95834 Committee ID: 801164	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2012P: \$2,000.00
6/22/2009	CALIF. AMBULANCE ASSOC. PAC SACRAMENTO, CA 95814 Committee ID: 890111	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,250.00	\$1,250.00	2012P: \$1,250.00
6/22/2009	CALIF. PROFESSIONAL ASSOC. Sacramento, CA 95814 Committee ID: 1263100	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2012P: \$2,000.00
6/22/2009	OFFICIAL POLICE GARAGE ASSOCIATION OF LOS ANGELES Simi Valley, CA 93065	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	2012P: \$500.00
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 20 of 62
I.D. Number		1295870

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NAME OF FILER

TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/22/2009	THE CALIF. SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS PAC SACRAMENTO, CA 95814 Committee ID: 782601	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
6/29/2009	AGRICULTURAL COUNCIL OF CALIF. PAC SACRAMENTO, CA 95814 Committee ID: 761092	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2012P: \$2,000.00
6/29/2009	APARTMENT ASSOCIATION OF GREATER LOS ANGELES PAC Los Angeles, CA 90005 Committee ID: 811 735	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
6/29/2009	CITIGROUP INC. PAC WASHINGTON, DC 20004 Committee ID: 1280730	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$900.00	\$3,000.00	2012P: \$3,900.00 2012G: \$2,100.00
6/29/2009	CITIGROUP INC. PAC WASHINGTON, DC 20004 Committee ID: 1280730	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,100.00	\$3,000.00	2012P: \$3,900.00 2012G: \$2,100.00
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>		CALIFORNIA FORM 460
Page <u>21</u> of <u>62</u>		
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. Number 1295870

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/29/2009	COVENANT CARE Aliso Viejo, CA 92656	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2012P: \$2,000.00
6/29/2009	EDUCATION MANAGEMENT LLC Pittsburgh, PA 15222	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012G: \$1,000.00
6/29/2009	SAN MANUEL BAND OF MISSION INDIANS Highland, CA 92346	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,900.00	\$3,900.00	2012P: \$3,900.00
6/29/2009	SOUTHERN CALIFORNIA EDISON ROSEMEAD, CA 91770	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2012P: \$1,500.00
6/30/2009	ANTHEM BLUE CROSS SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2012P: \$1,000.00
SUBTOTAL				\$100,655.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2009
through 06/30/2009

CALIFORNIA
FORM **460**

Page 22 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2009 through 06/30/2009	CALIFORNIA FORM 460
	Page 23 of 62
I.D. Number 1295870	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2009</u> through <u>06/30/2009</u>	CALIFORNIA FORM 460
	Page <u>24</u> of <u>62</u>
I.D. Number 1295870	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
6/15/2009	HERINGER ESTATES Clarksburg, CA 95612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		CATERING	\$175.00	\$175.00	2012P: \$175.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$175.00

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.)..... \$175.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL** \$175.00

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	01/01/2009		
through	06/30/2009		
		Page 25	of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870	

SEE INSTRUCTIONS ON REVERSE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/7/2009	Payee Name: RONALD REAGAN VOTER REG PAC Candidate Name: RONALD REAGAN VOTER REGISTRATION PAC	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$5,000.00	2012P: \$5,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
5/29/2009	Payee Name: FRIENDS OF STAN SNIFF Candidate Name: STAN SNIFF Sheriff-Coroner Jurisdiction: RIVERSIDE COUNTY	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
6/12/2009	REPUBLICAN PARTY OF SAN DIEGO COUNTY	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$1,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$17,900.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$17,900.00

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2009

through 06/30/2009

CALIFORNIA
FORM 460

Page 26 of 62

NAME OF FILER
 TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
 1295870

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/30/2009	Payee Name: FRIENDS OF JEFF DENHAM FOR LT. GOVERNOR Candidate Name: JEFF DENHAM Lieutenant Governor Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$6,500.00	\$6,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
6/30/2009	Payee Name: ANDY PUGNO FOR ASSEMBLY 2010 Candidate Name: ANDY PUGNO State Assembly Person District 5 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$3,900.00	\$3,900.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$17,900.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2009 through 06/30/2009		CALIFORNIA FORM 460 Page 27 of 62
I.D. NUMBER 1295870		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT & T MOBILITY Los Angeles, CA 90051-5188	OFC			\$160.34
DAVID BAUER SACRAMENTO, CA 95833	PRO			\$552.00
JERRY VAN DE WEGHE RAMONA, CA 92065	OFC			\$228.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$67,339.49
2. Unitemized payments made this period of under \$100.	\$179.80
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$67,519.29

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 28 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NORCAL ASSOCIATES RANCHO CORDOVA, CA 95670	LIT			\$247.85
JC-EVANS, INC. GOLD RIVER, CA 95670	LIT			\$840.34
AT & T MOBILITY Carol Stream, IL 60197	OFC			\$434.39
VERIZON CALIFORNIA MISSION HILLS, CA 91346	OFC			\$55.52
WENDY WARFIELD SACRAMENTO, CA 95814	CNS			\$1,060.51

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 29 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T SACRAMENTO, CA 95887	OFC			\$28.59
AT & T MOBILITY Los Angeles, CA 90051-5188	OFC			\$162.03
JC-EVANS, INC. GOLD RIVER, CA 95670	LIT			\$840.34
VERIZON CALIFORNIA MISSION HILLS, CA 91346	OFC			\$63.12
CALIFORNIA REPUBLICAN Sacramento, CA 95670	PRT			\$250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through 06/30/2009		Page 30 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T SACRAMENTO, CA 95887	OFC			\$28.45
AT & T MOBILITY Carol Stream, IL 60197	OFC			\$418.50
DAVID BAUER SACRAMENTO, CA 95833	PRO			\$725.50
JERRY VAN DE WEGHE RAMONA, CA 92065	OFC			\$228.00
LAW ENFORCEMENT APPRECIATION COMM. Riverside, CA 92501	CVC			\$500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through 06/30/2009		Page 31 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT & T MOBILITY Los Angeles, CA 90051-5188	OFC			\$162.03
CHASE CARD SERVICES PALATINE, IL 60094	TRC			\$2,728.62
WENDY WARFIELD SACRAMENTO, CA 95814	CNS			\$1,016.28
AT & T MOBILITY Carol Stream, IL 60197	OFC			\$414.78
THOMPSON STRATEGIES Murrieta, CA 92562	FND			\$1,395.91

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 32 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VERIZON CALIFORNIA MISSION HILLS, CA 91346	OFC			\$60.52
CHASE CARD SERVICES PALATINE, IL 60094	TRC			\$915.07
LINDSAY STOVALL Sacramento, CA 95818	OFC			\$1,007.59
CHERYL MCLACHLAN LODI, CA 95240	CNS			\$2,500.00
AT&T SACRAMENTO, CA 95887	OFC			\$28.98

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 33 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BMW MANAGEMENT Temecula, CA 92590	FND			\$1,781.25
WENDY WARFIELD SACRAMENTO, CA 95814	FND			\$4,491.37
JERRY VAN DE WEGHE RAMONA, CA 92065	OFC			\$456.00
CHERYL MCLACHLAN LODI, CA 95240	OFC			\$21.54
CHERYL MCLACHLAN LODI, CA 95240	CNS			\$600.00

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 34 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NORCAL ASSOCIATES RANCHO CORDOVA, CA 95670	LIT			\$248.63
DAVID BAUER SACRAMENTO, CA 95833	PRO			\$339.25
RONALD REAGAN VOTER REG PAC Murrieta, CA 92562	CTB			\$5,000.00
Committee ID: 1271428 VERIZON CALIFORNIA MISSION HILLS, CA 91346	OFC			\$60.52
AT & T MOBILITY Carol Stream, IL 60197	OFC			\$848.80

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 35 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THOMPSON STRATEGIES Murrieta, CA 92562	CNS			\$100.00
DAVID BAUER SACRAMENTO, CA 95833	PRO			\$623.30
AT&T SACRAMENTO, CA 95887	OFC			\$115.58
CHASE CARD SERVICES PALATINE, IL 60094	FND			\$2,567.95
WENDY WARFIELD SACRAMENTO, CA 95814	CNS			\$1,023.54

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 36 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CAPITOL FOCUS Sacramento, CA 95814	CVC			\$1,000.00
REPUBLICAN ASSEMBLY OF KERN COUNTY Bakersfield, CA 93324	PRT			\$350.00
CALIF. PRAYER BREAKFAST Sacramento, CA 95833	MTG			\$50.00
CALIF. PRAYER BREAKFAST Sacramento, CA 95833	MTG			\$200.00
LIZ TUBBS Herold, CA 95638	FND			\$250.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 37 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHERYL MCLACHLAN LODI, CA 95240	FND			\$540.75
JC-EVANS, INC. GOLD RIVER, CA 95670	LIT			\$846.19
THE ONE EIGHTY TEEN CENTER Lodi, CA 95242	CVC			\$360.00
VERIZON CALIFORNIA MISSION HILLS, CA 91346	OFC			\$60.76
AT & T MOBILITY Carol Stream, IL 60197	OFC			\$683.83

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 38 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JERRY VAN DE WEGHE RAMONA, CA 92065	OFC			\$456.00
CHERYL MCLACHLAN LODI, CA 95240	FND			\$554.08
VISTEVA GARDEN GROVE, CA 92841	WEB			\$175.00
CHERYL MCLACHLAN LODI, CA 95240	FND			\$545.75
CHASE CARD SERVICES PALATINE, IL 60094	CVC			\$160.00

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 39 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WENDY WARFIELD SACRAMENTO, CA 95814	FND			\$8,249.99
JC-EVANS, INC. GOLD RIVER, CA 95670	OFC			\$352.49
AT&T SACRAMENTO, CA 95887	OFC			\$28.34
DAVID BAUER SACRAMENTO, CA 95833	PRO			\$376.05
GREG HURNER CARMICHAEL, CA 95608	OFC			\$448.11

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 40 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
JEROME ENCINAS Sacramento, CA 95831	OFC			\$150.60
FRIENDS OF STAN SNIFF Riverside, CA 92506	CTB			\$1,500.00
Committee ID: 1308117 JERRY VAN DE WEGHE RAMONA, CA 92065	OFC			\$228.00
TOM ROGERS TEMECULA, CA 92592	PRT			\$125.00
VISTEVA GARDEN GROVE, CA 92841	WEB			\$60.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 41 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT & T MOBILITY Carol Stream, IL 60197	OFC			\$978.80
CHASE CARD SERVICES PALATINE, IL 60094	MTG			\$333.77
REPUBLICAN PARTY OF SAN DIEGO COUNTY SAN DIEGO, CA 92121	CTB			\$1,000.00
Committee ID: 741949 VERIZON CALIFORNIA MISSION HILLS, CA 91346	OFC			\$60.76
AT&T SACRAMENTO, CA 95887	OFC			\$28.27

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2009		
through 06/30/2009		Page 42 of 62
NAME OF FILER TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012		I.D. NUMBER 1295870

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WENDY WARFIELD SACRAMENTO, CA 95814	CNS			\$1,013.21
DAVID BAUER SACRAMENTO, CA 95833	PRO			\$442.75
FRIENDS OF JEFF DENHAM FOR LT. GOVERNOR Sacramento, CA 95833	CTB			\$6,500.00
Committee ID: 1293752 ANDY PUGNO FOR ASSEMBLY 2010 Sacramento, CA 95833	CTB			\$3,900.00
Committee ID: 1318509				

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SUBTOTAL \$67,339.49

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2009
through 06/30/2009

CALIFORNIA
FORM **460**

Page 43 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
HERINGER ESTATES Clarksburg, CA 95612	FND	\$0.00	\$250.00	\$0.00	\$250.00
WENDY WARFIELD SACRAMENTO, CA 95814	FND	\$0.00	\$1,596.96	\$0.00	\$1,596.96

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SUBTOTALS \$0.00 \$1,846.96 \$0.00 \$1,846.96

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$1,846.96
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$1,846.96
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 44 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012



I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
WEATHERBY FOUNDATION DRAPER, UT 84020	CVC			\$600.00
RESIDENCE INN Sacramento, CA 95814 Memo Reference: EDT100	TRS			\$112.38
SOUTHWEST AIRLINES SACRAMENTO, CA 95838 Memo Reference: EDT99	TRC			\$588.40
CONROY'S FLOWERS RIVERSIDE, CA 92504	OFC		FLOWERS FOR CONSTITUANT'S FUNERAL - ANDY DOTINGA	\$114.69

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1415.47

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period from 01/01/2009 through 06/30/2009	CALIFORNIA FORM 460
	Page 45 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PEPPERMILL HOTEL RENO, NV 80101 Memo Reference: EDT97	TRC			\$1,054.29
SOUTHWEST AIRLINES SACRAMENTO, CA 95838 Memo Reference: EDT98	TRC			\$159.20
SOUTHWEST AIRLINES SACRAMENTO, CA 95838 Memo Reference: EDT95	TRS			\$277.00
SOUTHWEST AIRLINES SACRAMENTO, CA 95838 Memo Reference: EDT94	TRS			\$277.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$714.20

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 46 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LG'S PRIME STEAKHOUSE Palm Springs, CA 92262	FND			\$166.24
SAFARI CLUB Laguna Niguel, CA 92677	CVC			\$170.00
AGUA CALIENTE RESORT Rancho Mirage, CA 92270	FND			\$147.06
SAFARI CLUB Laguna Niguel, CA 92677	CVC			\$400.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$883.30

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2009
through 06/30/2009

CALIFORNIA
FORM **460**

Page 47 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMERICAN LEGISLATIVE EXCHANGE COUNCIL WASHINGTON, DC 20036	MTG			\$100.00
AT&T Sacramento, CA 95814	OFC			\$291.73
TOWER PIPES AND CIGARS SACRAMENTO, CA 95822	FND			\$1,088.80
GUN OWNERS OF CALIFORNIA, INC. Fair Oaks, CA 95628	CVC			\$110.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$502.73

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2009
through 06/30/2009

CALIFORNIA
FORM **460**

Page 48 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHASE CARD SERVICES

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
COSMO CAFE Sacramento, CA 95814 Memo Reference: EDT123	MTG			\$217.07

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$217.07

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 49 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
JEROME ENCINAS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SIGN*A*RAMA Sacramento, CA 95834	OFC			\$150.60

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$150.60

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 01/01/2009
through 06/30/2009

CALIFORNIA
FORM **460**

Page 50 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
GREG HURNER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Sacramento, CA 95814	OFC			\$448.11

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$448.11

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 51 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
JC-EVANS, INC.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
NORCAL ASSOCIATES RANCHO CORDOVA, CA 95670	LIT			\$500.00
NORCAL ASSOCIATES RANCHO CORDOVA, CA 95670	LIT			\$500.00
NORCAL ASSOCIATES RANCHO CORDOVA, CA 95670	LIT			\$500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1500.00

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page <u>52</u> of <u>62</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
CHERYL MCLACHLAN

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TOWER PIPES AND CIGARS SACRAMENTO, CA 95822	FND			\$540.75
BEVERAGES & MORE Sacramento, CA 95834	FND			\$554.08
TOWER PIPES AND CIGARS SACRAMENTO, CA 95822	FND			\$545.75

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1640.58

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2009
through 06/30/2009

CALIFORNIA
FORM **460**

Page 53 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
TOM ROGERS

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT YOUR SERVICE SIGNS Temecula, CA 92592	PRT			\$125.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$125.00

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FPPC Form 460 (June/01)
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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period from 01/01/2009 through 06/30/2009	CALIFORNIA FORM 460
Page 54 of 62	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LINDSAY STOVALL

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AT&T Sacramento, CA 95814				\$1,007.59

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1.00

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 55 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
JERRY VAN DE WEGHE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SPRINT Los Angeles, CA 90054	OFC			\$228.00
SPRINT NEXTEL San Francisco, CA 94105	OFC			\$228.00
SPRINT NEXTEL San Francisco, CA 94105	OFC			\$228.00
SPRINT NEXTEL San Francisco, CA 94105	OFC			\$228.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$912.00

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Schedule G

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	01/01/2009	
through	06/30/2009	Page 56 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
JERRY VAN DE WEGHE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SPRINT KANSAS CITY, MO 64121	OFC			\$456.00
SPRINT KANSAS CITY, MO 64121	OFC			\$228.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$684.00

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 01/01/2009
through 06/30/2009

CALIFORNIA
FORM **460**

Page 57 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

NAME OF AGENT OR INDEPENDENT CONTRACTOR
WENDY WARFIELD

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SPATARO RESTAURANT SACRAMENTO, CA 95814	FND			\$3,468.71
ESQUIRE GRILL SACRAMENTO, CA 95814 Memo Reference: EDT118	FND			\$7,183.36
FRANK FAT'S SACRAMENTO, CA 95814	FND			\$1,521.13

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$11.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 01/01/2009
through 06/30/2009

CALIFORNIA
FORM **460**

Page 58 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

(May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 01/01/2009
through 06/30/2009

CALIFORNIA
FORM **460**

Page 59 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
TAXPAYERS FOR HOLLINGSWORTH FOR ASSEMBLY 2012

I.D. NUMBER
1295870

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
6/17/2009	PACIFIC GAS AND ELECTRIC CO. SAN FRANCISCO, CA 94105 Memo Reference: INC740	Check deposited into incorrect committee	\$1,500.00
6/12/2009	CALIFORNIA FISH & GAME WARDENS ASSOC Chico, CA 95927 Memo Reference: INC741	Check deposited into incorrect committee	\$1,500.00
6/11/2009	DAIRY INSTITUTE LEGISLATIVE COMMITTEE SACRAMENTO, CA 95814 Memo Reference: INC742	Check deposited into incorrect committee	\$1,500.00
	Filer ID: 741436		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$4,500.00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$4,500.00
2. Unitemized increases to cash under \$100 this period.....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$4,500.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC645
REFUND FOR OVERPAYMENT

Memo Reference: INC742
Transferred 7/14/09 to Dennis Hollingsworth for Assembly

Memo Reference: INC741
Transferred 7/14/09 to Dennis Hollingsworth for Assembly

Memo Reference: INC740
Transferred 7/14/09 to Dennis Hollingsworth for Assembly

Memo Reference: EDT100

2/19/09 - STAFF TRAVEL TO SACRAMENTO FOR PARTY CONVENTION

Memo Reference: EDT99

2/19/09 - CANDIDATE & HOUSEHOLD MEMBER TRAVEL TO SACRAMENTO FOR PARTY CONVENTION

Memo Reference: EDT97

3/3/09 - Candidate travel to Reno for Safari Club Int'l convention

Memo Reference: EDT98

3/3/09 - Staff travel to Republican convention

Memo Reference: EDT95

12/1/08 - Household member travel to Sacramento for swearing in ceremony

Memo Reference: EDT94

12/1/09 - Household member travel to Sacramento for swearing in ceremony

Memo Reference: EDT123

5/29/09 - Candidate & staff meeting to discuss political issues. 5 attendees

Memo Reference: EDT118

5/12/09 - FUNDRAISING EVENT FOR CANDIDATE, ATTENDED BY 40
